National Council for Applied Economic Research has revealed anti-poor bias in health care in the country;

(b) whether it is a fact that there is a vide-scale inter-state difference in health expanditure to the disadvantage of the poor;

(c) whether it is a fact that the lowest income group spends 24.1 % of its annuals income on medical treatment as against the Highest income group which spands a meagre 3.4% as indicated by the study; and

(d) whether Govemment propose to draw up a comprehensive scheme to provide fine health to the low income group in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (c) A study entitled "Human Development profile for Rural India" was conducted by the National Council of Applied Economic Research (NCAER) which has still to be published. However, NCAER has informed that the preliminary study indicates that the poor spend proportionately more on health and education then the better of people, in the sample population covered by the study.

(d) A comprehensive net work comprising 1,32,727 Sub Centres, 21,853 primary Health Centres and 2,424 Community Health Centres as on 1.4.1996 has been set up throughout the country to provide preventive, promotive and curative health care in rural areas. Secondary and Rertiary level hospitals are providing specialised health care to the Urban and Rural Population generally free of cost. Several National disease control programmes are also under implementation which are directed mainly to the poor people afflicted by diseases, like Leprosy, T.B., Malaria, Iodine deficiency disorders etc.

To augment the infrastructure and the outreach of programmes, external assistance have been availed of from the World Bank.

Formulation of Expansion and Development Programme of ISMH under CGHS

1128. SHRI MOHINDAR SINGH KALYAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have since formulated the expansion and development programme of Indian System of Medicine and Homoepathy under CGHS by opening of two Ayurvedic and two Homoeopathic Units in Delhi in 1996-97 and to upgrade the standard of CGHS units of I.S.M. & H. by augmentation
of para-medical staff in it;

(b) if so, the details thereof; and if not, the reasons therefor; and

(c) whether it is a fact that no amount have been provided by Government to CGHS, Ayurvedic and Homoeopathic System of medicine for last ten years to open its units in Delhi resulting in an obstacle to its expanision and development?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (c) CGHS has been giving emphasis to the development of ISM&H and opening dispensaries/units under the system based on the requirement, feasibility and availability of financial resources and manpower.

However, due to paucity of resources no new CGHS Ayurvedic and Homoeopathic dispensary could be opened during the last 10 years in Delhi.

Private Practice by CGHS Doctors

1129. SHRI MOHINDAR SINGH KALYAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that many doctors of CGHS, Allopathic, Homoeopathic and Ayurvedic system of treatment are doing private practice at present in Delhi and are using CGHS medicines for such practice;

(b) if so, the details thereof, system-wise;

(c) whether any complaints have been received by Govemment against such doctors from 1st January, 1993 to 31st December, 1996, if so, the details thereof; and

(d) the action proposed to be taken by Govemment against such doctors?